



Meningococcal Conjugate Vaccine

David Oliver
Vaccine Supply Coordinator

The Maryland VFC Program has been allotted a limited number of doses of Meningococcal conjugate vaccine (Menactra™), for 2005. To ensure vaccine supply lasts throughout the end of 2005, the VFC Program requests that vaccination be prioritized to VFC eligible children in the

following groups recommended by the Advisory Committee on Immunization Practices (ACIP):

- 11 and 12 year olds at their routine adolescent visit;
- Students entering high school (at approximately 15 years of age) that have not been previously vaccinated; and
- College freshmen living in dormitories.

Please refrain from actively recalling high school or college freshmen at this time. However should a VFC eligible patient present to your office requesting Menactra™, please take the opportunity to vaccinate them.

If you have any questions, please contact your VFC Consultant.

ACIP Recommends Tdap Vaccine

David Oliver
Vaccine Supply Coordinator

On June 30, 2005 the Advisory Committee on Immunization Practices (ACIP) recommended adolescents 11 and 12 years of age be given Tdap in place of the Td booster currently given to adolescents. The committee also recommended Tdap to be given to 13–18 years olds who missed the 11 to 12 year dose of Td. Adolescents 11–18 who have already been vaccinated with Td are encouraged to be

vaccinated with Tdap to further protect them from pertussis.

The Food and Drug Administration (FDA) recently licensed two Tdap vaccines for adolescents in the United States. Boostrix™, manufactured by GlaxoSmithKline, was licensed on May 3, 2005 for use in adolescents 10 through 18 years of age. The second, Adacel™, manufactured by Sanofi Pasteur, was licensed on June

10, 2005 for persons 11 through 64 years of age. These are the first pertussis vaccines licensed for use in adolescents and adults.

The Maryland VFC Program will begin shipping Tdap vaccine once a federal contract is approved and funds are made available

If you have any questions, please contact your VFC Consultant.

Back-To-School Immunizations

Barbara Alexander, RN, MBA
Nurse Coordinator
Center for Immunization

Hepatitis B and varicella vaccines are required for children entering kindergarten, grades 1, 2, 3, and 4 in 2005. Physician documented history of varicella disease, or proof of immunity by blood test are acceptable for proof of immunity to varicella.

COMAR 10.06.04 regulation states, all doses of measles, mumps, rubella, and varicella must be given on or after the first birthday. Any doses received prior to the first birthday are not valid and must either be repeated or the parent must provide proof of immunity via blood test.

Additionally, COMAR 10.06.04.04, Medical Contraindications, allows a student to be exempt from immunization requirements if the immunization is medically contraindicated. When this is indicated, the physician may sign the Maryland Department of Health and Mental Hygiene Immunization Certificate (DHMH 896) and complete the information requested in the appropriate section of the form, or the physician may provide a written statement which indicates that any of the required immunizations is "... considered medically contraindicated, detrimental to, or not in the best interest of the child's health." When the

contraindication is temporary, the statement must indicate when the child will receive the immunization.

Complete vaccination requirements for children enrolled in preschool programs and in schools in Maryland for school year 2005 – 2006 have been sent to the Maryland Board of Education for distribution to public schools. It may also be found online at www.EDCP.org (Immunization). Please share this table with key staff members.

If you have any questions, please call the Center for Immunization at 410-767-6679.



The Chief's Corner.....



*Edward Hirshorn, Chief
Vaccines for Children
Program*

Beginning in
2006, the CDC

National Immunization Program will implement a new national distribution system for the Vaccines for Children Program. The reason for this major change in the way VFC vaccines are distributed is two-fold:

1. An estimated cost savings to state programs. Currently each state has a different distribution system, a national system would cut costs for both the CDC and the state immunization programs; and
2. Increased ability to manage national vaccine shortages—a national distribution system would allow the CDC to know exactly where vaccines are and

how much vaccine is at each site.

The new national distribution system will go into effect in three phases:

- Phase I - CDC will select a national vaccine distributor (Expected Fall 2005).
- Phase II — CDC will change the way state immunization programs receive funds to purchase VFC vaccines (Expected January 2006).
- Phase III— A, still to be determined, change in how providers inventory and order vaccine. (Expected Late Spring or Summer 2006).

The Maryland VFC Program has been selected as 1 of 4 states to pilot test the new distribution system. Maryland VFC Providers are not likely to be impacted by

Phases I and II of the distribution system. The only change providers may experience, is that shipments may arrive in a different box if the CDC selects a national distributor other than the one Maryland VFC is currently using.

VFC Providers are to continue to send in your bi-monthly inventories to the Maryland VFC Program, until notified otherwise. Your VFC Consultant continues to be your primary contact person, and will be throughout the change-over to the national distribution system. Once Phase III begins VFC Providers will be given specific instructions as to how to use the system. If you have any questions in the meantime, please contact your VFC Consultant.

2005 VFC Vaccine Delivery Dates

September

Inventory Due - September 9

November

Inventory Due - November 11

Childhood Blood Lead Testing

*Maureen Edwards, M.D., M.P.H.
Medical Director
Center for Maternal and Child Health*

Current Maryland law requires that all children residing in at-risk areas of Maryland must have a blood lead test at their 12-month and 24-month visit. In addition, all children residing in Baltimore City must receive a blood lead test at 12 months and 24 months of age, and all children served under the EPSDT program must receive blood lead testing at 12 months and 24 months of age regardless of where they live. A lead exposure risk assessment questionnaire is also required of all

children at their 12-month and 24 month visit.



All children who currently reside or have ever resided in an at-risk area must show evidence of blood lead testing on entry into a public pre-kindergarten program or public school at the level of kindergarten or first grade. **This testing must be reported on the Department of Health and Mental Hygiene Blood**

Lead Testing Certificate (DHMH 4620). The at-risk areas, by zip code, are on the reverse side of the DHMH 4620. A copy of the DHMH 4620 certificate can be downloaded from www.fha.state.md.us/och/html/lead.html.

If you have any questions about the lead testing requirements or zip code list, please contact Jeanne Brinkley, M.P.H., C.N.M., Chief, MCH Systems Coordination, Center for Maternal and Child Health. She may be reached at (410) 767-5596. or brinkleyj@dhmh.state.md.us

Infant Exposed To Hepatitis B At Birth

MaryAnn Harder, RN, MSN
Perinatal Hepatitis B
Prevention Coordinator

Recently, an infant was born in a Maryland hospital to a woman who was chronically infected with hepatitis B and received no post-exposure prophylaxis. Numerous mistakes led to this serious oversight:

- The obstetrician had tested the mother twice for hepatitis B but did not report the positive test results to the local health department, as is required by Maryland law;
- The mother's infectious state was not accurately transcribed on to the birthing hospital's medical records; and
- The pediatrician did not routinely

order the first dose of hepatitis B vaccine to be given before hospital discharge, as a result this infant did not receive Hepatitis B vaccine at birth.

This infant, exposed to the hepatitis B virus during the birthing process, should have received hepatitis B vaccine and HBIG (hepatitis B immune globulin) within 12 hours of birth.

Hepatitis B vaccine administered alone, beginning within 24 hours after birth is 70-95% effective in preventing perinatal hepatitis B virus infection.

Routine vaccination of all infants at birth serves as a safety net, providing immunoprophylaxis to infants born to women with unsuspected hepatitis B

virus infection or hepatitis B surface antigen (HBsAg) positive women whose status is incorrectly recorded or interpreted as negative. In addition to preventing the majority of perinatal infections, providing a birth dose of hepatitis B to all newborns sets the stage for timely completion of the vaccination series and prevention of hepatitis B infection during childhood.

In Maryland, VFC providers have agreed to follow the Maryland Childhood Immunization Schedule, as a condition of enrollment. To protect all newborns from hepatitis B the 2005 Maryland schedule recommends administration of the birth dose of hepatitis B vaccine prior to hospital discharge.



Remember to administer the first dose of Hepatitis B at birth, prior to hospital discharge.

A Word From Your VFC Consultant

Vaccines have literally changed the course of medicine during the 20th century. Yet, some parents still refuse to vaccinate their children because of their concerns regarding vaccine safety. Before vaccines, parents in the United States could expect that every year:

- Polio would paralyze 10,000 children.
- Rubella would cause birth defects and mental retardation in 20,000 newborns.
- 4 million children would get measles, killing 3,000.
- The most common cause of death in school-aged children was diphtheria.
- Haemophilus influenzae type b would cause meningitis in 15,000 children, leaving many with permanent brain damage.
- Pertussis would kill thousands of babies.

Vaccines have reduced and, in some cases, eradicated many diseases that killed or severely disabled people just a few generations ago. However, some parents still question whether vaccines are necessary and some are concerned that vaccines may actually cause diseases such as autism and ADHD. These concerns have caused some parents to delay or withhold vaccines for their children.

As a healthcare provider, what do you do?

First, acknowledge their fears no matter how unfounded they may be.

Second, engage in a discussion that focuses on the benefits of vaccines which clearly outweigh the risks. During this discussion, define the word safe for parents as "having been preserved from real danger" RATHER than "harmless". Using "harmless" would imply that any negative

consequence would make the vaccine unsafe such as pain or redness at the site. Under this definition no vaccine is 100 percent safe. In truth, few things meet the definition of "harmless." Even everyday activities contain hidden dangers for children such as eating or taking a bath, but the benefits of these activities clearly outweigh the risks. If you can present your case in relationship to things they can identify with in their lives, you will have a better chance of winning them over.

Lastly, if after this discussion, a parent still refuses to immunize their child, accept their decision, document their refusal in the child's medical record and revisit the discussion at the next visit. Persistence is the key!



Frances Lopes is the
VFC Consultant for
Baltimore County.

AIM For School

Tiffany Tate
Executive Director
Maryland Partnership
for Prevention

The Maryland Childhood Immunization Partnership (MCIP) invites you to become a partner in the **Action to Immunize (AIM) for School initiative**. For the fourth consecutive year, MCIP will host this community education campaign to promote timely immunization required for school entry.

From June 1 through September 3, 2005 MCIP members will educate families about the importance of timely vaccinations, administer school-required

immunizations, and track the number of school-age children immunized during the initiative.

To facilitate participation in **AIM for School**, MCIP has produced the AIM for School Planning Kit and is providing **AIM for School** grants to support member participation in the initiative. An electronic version is available at www.EDCP.org (Immunization).

For more information about **AIM for School** or to request an AIM for School Registration Form, call 410-902-4677 or email: mdpartnershipforprevention@msn.com.

NEW STAFF!!

Dawn Orndoff is the new Vaccines For Children Consultant for Carroll, Garrett, Washington, Howard, Allegany & Frederick counties. Dawn may be reached at 410-303-8421.

Robin Decker is the new Hepatitis C Prevention Coordinator for the Center for Immunization. Robin may be reached at 410-767-6262.



Kelly's Journal Review:

Interventions to Increase Influenza Vaccination of Health-Care Workers

Kelly Edmond, CHES
Health Educator
Center for Immunization

Evidence shows influenza vaccination reduces influenza infection and absenteeism among healthcare workers (HCWs), prevents mortality in the patients they care for, and results in financial savings to their employers. However published rates of influenza vaccination coverage among HCWs in the United States remains dismally low at 38%. An article in the March 4, 2005 *Morbidity and Mortality Weekly Report*, describes strategies implemented in three health-care institutions that helped to increase the proportion of HCWs who received influenza vaccination at each site. These strategies included:

- Educational campaigns that emphasized the seriousness of flu

and addressed employee misconceptions followed by employee vaccination clinics offering free flu vaccine to all HCWs;

- Employee health or infection control nurses visiting departments with a mobile influenza vaccination cart; and
- Employee vaccination clinics with incentives for those employees that were vaccinated and peer vaccination programs, where nurses can vaccinate co-workers onsite.

In each of the three settings, employers saw a significant increase in vaccination rates among employees. The results of strategies demonstrated the value of making influenza vaccination convenient and available at little and/no cost to HCWs.

Most health-care institutions were unable to implement aggressive campaigns last year due to the vaccine shortage, however strategies to increase rates among employees must be considered for the 2005-2006 flu season. The Maryland Partnership for Prevention, Maryland's adult immunization coalition, has developed the **Maryland Health Care Worker Influenza Initiative** to aid efforts to increase vaccination rates among HCWs. This initiative designed to provide health care administrators with resources to launch a successful influenza campaign. For more information call the Maryland Partnership for Prevention at 410-902-4677 or visit www.mdhealthcoalitions.org.